

## **Refusal Form**

I, \_\_\_\_\_, have been offered medicine to treat my tuberculosis infection, and choose not to accept this medicine.

- ' I understand that if I get tuberculosis disease I may give others TB.
- ' I have been given information about the signs and symptoms of tuberculosis disease.
- ' I understand that choosing not to take this medicine may increase my chances of getting active tuberculosis disease.

If I have any questions or chose to take the medicine in the future, I will call the:

\_\_\_\_\_  
Local Health Department

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager / Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interpreter Signature

\_\_\_\_\_  
Date

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